

(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2070-0093

Approval Expires: 11/92

Page 1 of 9



United States
Environmental Protection
Agency

FORM R TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

WHERE TO SEND COMPLETED FORMS:

1. EPCRA Reporting Center
P.O. Box 23779
Washington, DC 20026-3779
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if
this is a revision

X

For EPA use only

**IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1.

REPORTING
YEAR

19 91

SECTION 2. TRADE SECRET INFORMATION

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1

☐ Yes (Answer question 2.2;
Attach substantiation forms)

☒ No (Do not answer 2.2;
Go to Section 3)

2.2

If yes in 2.1, is this copy:

☐

Sanitized

☐

Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

Signature

Date Signed

W. M. ROSEN CHAIRMAN/CEO
W. M. ROSEN

7/30/92

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

ALASKAN COPPER WORKS

TRI Facility ID Number

Street Address

3200 6TH Ave. S.

City

Seattle

County

KING

State

WA.

Zip Code

98134

Mailing Address (if different from street address)

P.O. BOX 3546

City

Seattle

State

WA.

Zip Code

98134

PUT LABEL HERE

EPA Form 9350-1 (Rev. 5/14/92) - Previous editions are obsolete.



United States
Environmental Protection
Agency

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)


TRI FACILITY ID NUMBER
98134LSKNC32006
Toxic Chemical, Category, or Generic Name
CHROMIUM

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact	Name	James C Brown			Telephone Number (include area code)
						206-623-5800
4.4	Public Contact	Name	James C Brown			Telephone Number (include area code)
						206-623-5800
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c.	d.	e. f.
4.6	Latitude and Longitude	Latitude			Longitude	
		Degrees	Minutes	Seconds	Degrees	Minutes Seconds
		47°	33'	30"	122°	18' 30"
4.7	Dun & Bradstreet Number(s) (9 digits)				a.	00-925-5571
					b.	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a.	WAD 980738546
					b.	
4.9	Facility NPDES Permit Number(s) (9 characters)				a.	NA
					b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a.	NA
					b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	Alaskan Copper Companies INC.
5.2	Parent Company's Dun & Bradstreet Number	
	<input type="checkbox"/> NA	(9 digits) 00-925-5571

 United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">TRI FACILITY ID NUMBER</td> </tr> <tr> <td style="text-align: center;">98134LSKNC32004</td> </tr> <tr> <td style="font-size: small;">Toxic Chemical, Category, or Generic Name</td> </tr> <tr> <td style="text-align: center;">CHROMIUM</td> </tr> </table>	TRI FACILITY ID NUMBER	98134LSKNC32004	Toxic Chemical, Category, or Generic Name	CHROMIUM
TRI FACILITY ID NUMBER						
98134LSKNC32004						
Toxic Chemical, Category, or Generic Name						
CHROMIUM						


SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you complete Section 2 below.)	
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <div style="text-align: center; font-size: 1.2em;">7440-47-3</div>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <div style="text-align: center; font-size: 1.2em;">CHROMIUM</div>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.) <div style="text-align: center; font-size: 1.2em;">NA</div>

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)	
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) <div style="text-align: center; font-size: 1.2em;">NA</div>


SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)		
3.1	Manufacture the toxic chemical:	<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import <div style="text-align: center; font-size: 1.2em;">NA</div> </div> <div> If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity </div> </div>
3.2	Process the toxic chemical:	<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component </div> <div> c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging </div> </div>
3.3	Otherwise use the toxic chemical:	<div style="display: flex; justify-content: space-between;"> <div> a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid </div> <div> c. <input type="checkbox"/> Ancillary or other use </div> </div>

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR	
4.1	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; font-size: 1.2em;">05</div> (Enter two-digit code from instruction package.)

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 <p>EPA United States Environmental Protection Agency</p>	<p>EPA FORM R</p> <p>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TRI FACILITY ID NUMBER</td> </tr> <tr> <td style="padding: 2px;">98134LSKNC32006</td> </tr> <tr> <td style="padding: 2px;">Toxic Chemical Category or Generic Name</td> </tr> <tr> <td style="padding: 2px;">CHROMIUM</td> </tr> </table>	TRI FACILITY ID NUMBER	98134LSKNC32006	Toxic Chemical Category or Generic Name	CHROMIUM
TRI FACILITY ID NUMBER						
98134LSKNC32006						
Toxic Chemical Category or Generic Name						
CHROMIUM						

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE			
		A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)
5.1	Fugitive or non-point air emissions <input type="checkbox"/> NA	A	O
5.2	Stack or point air emissions <input checked="" type="checkbox"/> NA		
5.3	Discharges to receiving streams or water bodies (enter one name per box)		
5.3.1	Stream or Water Body Name		
	NA		
5.3.2	Stream or Water Body Name		
5.3.3	Stream or Water Body Name		
5.4	Underground injections on-site <input checked="" type="checkbox"/> NA		
5.5	Releases to land on-site		
5.5.1	Landfill <input checked="" type="checkbox"/> NA		
5.5.2	Land treatment/application farming <input checked="" type="checkbox"/> NA		
5.5.3	Surface impoundment <input checked="" type="checkbox"/> NA		
5.5.4	Other disposal <input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Check here only if additional Section 5.3 information is provided on page 5 of this form.			

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SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.____	Stream or Water Body Name NA			
5.3.____	Stream or Water Body Name NA			
5.3.____	Stream or Water Body Name NA			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)


6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
B	m

6.1.B POTW Name and Location Information

6.1.B.____ POTW Name METRO	6.1.B.____ POTW Name
Street Address 821 Second Ave.	Street Address
City Seattle	City
County King	County
State WA.	State
Zip Code 98104-1598	Zip Code


If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here.
(example: 1, 2, 3, etc.)

 United States Environmental Protection Agency	EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI FACILITY ID NUMBER 98134LSKNC32006 Toxic Chemical, Category, or Generic Name CHROMIUM
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SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS			
6.2.	Off-site EPA Identification Number (RCRA ID No.) WAD000812909		
Off-Site Location Name Burlington Environmental			
Street Address 734 S. LUCILE ST.			
City Seattle		County King	
State WA.	Zip Code 98124	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1. A B	1. M	1. M 95	
2.	2.	2. M	
3.	3.	3. M	
4.	4.	4. M	

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS			
6.2.	Off-site EPA Identification Number (RCRA ID No.)		
Off-Site Location Name			
Street Address			
City		County	
State	Zip Code	Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1.	1.	1. M	
2.	2.	2. M	
3.	3.	3. M	
4.	4.	4. M	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box ☐ and indicate which Part II, Section 6.2 page this is, here. ☐ (example: 1, 2, 3, etc.)


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SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 7A.1b <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1 COI</div> <div style="width: 45%;">2 CO9</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3 CH</div> <div style="width: 45%;">4 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6 </div> <div style="width: 45%;">7 </div> </div> </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">5 </div> <div style="width: 45%;">8 </div> </div> </div> </div>	7A.1c	7A.1d	7A.1e
W		3	99 %	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7A.2a	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 7A.2b <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1 </div> <div style="width: 45%;">2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3 </div> <div style="width: 45%;">4 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6 </div> <div style="width: 45%;">7 </div> </div> </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">5 </div> <div style="width: 45%;">8 </div> </div> </div> </div>	7A.2c	7A.2d	7A.2e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 7A.3b <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1 </div> <div style="width: 45%;">2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3 </div> <div style="width: 45%;">4 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6 </div> <div style="width: 45%;">7 </div> </div> </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">5 </div> <div style="width: 45%;">8 </div> </div> </div> </div>	7A.3c	7A.3d	7A.3e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 7A.4b <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1 </div> <div style="width: 45%;">2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3 </div> <div style="width: 45%;">4 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6 </div> <div style="width: 45%;">7 </div> </div> </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">5 </div> <div style="width: 45%;">8 </div> </div> </div> </div>	7A.4c	7A.4d	7A.4e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 7A.5b <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">1 </div> <div style="width: 45%;">2 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">3 </div> <div style="width: 45%;">4 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6 </div> <div style="width: 45%;">7 </div> </div> </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">5 </div> <div style="width: 45%;">8 </div> </div> </div> </div>	7A.5c	7A.5d	7A.5e
			%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)

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TRI FACILITY ID NUMBER						
98134LSKAC32006						
Toxic Chemical, Category, or Generic Name						
CHROMIUM						

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ **Not Applicable (NA)** - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ **Not Applicable (NA)** - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5


6

7

8

9

10

 <p>EPA United States Environmental Protection Agency</p>	<p>EPA FORM R</p> <p>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">TRI FACILITY ID NUMBER</td> </tr> <tr> <td style="text-align: center;">98134LSKNC32006</td> </tr> <tr> <td style="font-size: small;">Chemical, Category, or Generic Name</td> </tr> <tr> <td style="text-align: center;">CHROMIUM</td> </tr> </table>	TRI FACILITY ID NUMBER	98134LSKNC32006	Chemical, Category, or Generic Name	CHROMIUM
TRI FACILITY ID NUMBER						
98134LSKNC32006						
Chemical, Category, or Generic Name						
CHROMIUM						

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	All quantity estimates can be reported using up to two significant figures.	Column A 1990 (pounds/year)	Column B 1991 (pounds/year)	Column C 1992 (pounds/year)	Column D 1993 (pounds/year)
8.1	Quantity released*	0	0 14	0 12	0 10
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0 134	17 448	17 240
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				1.8
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)			
8.10.1	W13	a. T11	b. T06	c.	
8.10.2	W19	a. T05	b.	c.	
8.10.3	W29	a. T06	b.	c.	
8.10.4	W31	a. T04	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.